



Developing your EMR Strategy: Questions You Must Answer

1. How involved has your Board or Directors been in the EHR process?
2. Who are your key stakeholders?
3. Have you identified provider champions?
4. What is needed for buy-in and overt support from them?
5. Have your key stakeholders identified what the business/ clinical metrics will be for determining "success"?
6. How involved will your vendor be in your planning/ implementation process?
7. What is your timeline?
8. What factors influence your timeline?
9. How have you budgeted for the loss of productivity?
10. Will you go paperless immediately or incrementally?
11. How long will you continue to use paper chart as a reference during visits?
12. Will you implement "Big Bang" or clinic by clinic?
13. Do you have the IT infrastructure (personnel & connectivity) to support EHR? If not what is your plan to get there?
14. Have you done site visits to see the product in use? What have you learned?
15. Do you have a user community to access for council?
16. What are the equipment and facility requirements for install?
17. Have you decided whether or not you will have computer access in each exam room?
18. What will be your computer access / provider ratio in the clinic?
19. What are your reporting requirements?
20. What are your lab interface needs? Which ones first? Timeline for each?
21. What are your pharmacy interface needs? Surescripts, RX hub? Direct? Timeline?
22. What will you abstract into the EHR? How, who, when?
23. Have you selected a document management system? What will you scan, how will it be organized, QA process?
24. Will you backfill provider positions during training?
25. Will you do a phased approach to functionality training?
26. What will the length of initial training be? Based on what?
27. Do you have staff able to train the application? How will they become 'expert' in the system?
28. Will training be segregated by role/function vs. fully integrated?
29. Do you have a training facility/ location selected?



30. How will you manage all clinical content and decision making?
31. How will you integrate PM and EHR decision making & communication?



EMR Readiness Assessment LEADERSHIP INTERVIEW QUESTIONS

1. Why do you want to implement an EMR?
2. Have you ever worked with an EMR before? If so, how would you describe that experience and what are your lessons learned?
3. What key operational changes would you like to see with the implementation of the EMR?
4. What metrics, if any, have you identified to monitor the impact/ success of the EMR implementation in your clinic?
5. What are you most worried about relative to implementing and EMR?
6. Please describe the culture within your clinic.
7. What would you describe as your best assets for being successful implementing an EMR?
8. Please describe the style of the leadership within your clinic.
9. Positive attitude toward change is the number one determinant of success for EMR implementations. On a scale of 1-10 with 10 being extremely positive and courageous, how would you rate the attitude of leadership regarding EMR implementation? Providers? Staff?
10. What is your philosophy regarding training and development in your clinic?
11. What are some successes your clinic has experienced in the last year?
12. What are some failures your clinic has experienced in the last year?
13. Have you identified physician champions in your clinic who will participate in the implementation planning process? If so, who are they, please and will they be given routine committed time to support EMR implementation?
14. Do you currently have reward / acknowledgement systems in your clinic? Please describe
15. What questions do you have for OCHIN?

EMR SITE READINESS ASSESSEMENT: CLINIC OVERVIEW AND DEMOGRAPHICS

Date of Completion: ____/____/____

Assessment Completed By: _____ Title: _____ Phone: _____

Clinic Medical Director: _____ Email: _____
Clinic Executive Director: _____ Email: _____
Clinic Office Manager: _____ Email: _____
Clinic Phone Number: _____
Clinic Address: _____
Physician Champion to lead this EMR effort? _____ UPIN: _____

Patient Population

1. Estimated # of active patients? Average # of visits/patient/year?

2. Average number of patient visits per day.
%Medicare fee-for-service? % Managed care
(commercial, Medicare + choice, Medicare Advantage)?

3. Average number of patient visits per day per provider?

4. Estimated percentage of patients with one or more chronic diseases?



5. Are there any unique characteristics about the patients seen in your clinic? Ex: Large % of obstetrical patients, x% are ESL patients, etc.	
Practice Environment* <i>* Please supply a map of your facility if available</i>	
1. Number of exam rooms in the clinic? Per provider?	
2. Number of procedure or treatment rooms in the clinic	
3. Do you have plans to change the physical plant in the near future? If so, what changes do you have planned?	
4. Do you conduct patient satisfaction surveys? Staff surveys? If so, please provide most recent survey tool & results.	
Staff	
1. Total number of physician FTEs, Total # of physicians? What specialties? Providers per specialty?	
2. Total number of RN FTE's? Total number of RNs?	

3. . Total number of Mid-Level Professionals (NP, PA) FTE's? Total number of Mid-Levels?	
4. Total number of Medical Assistant FTEs? Total number of Medical Assistants	
5. Total number of Medical Records Staff FTEs? Total number of Medical Records staff	
6. Total number of Reception Staff FTEs? Total number of Reception Staff?	
7. Do you routinely have residents? If yes, on average how many do you have daily?	
8. What percentage of your providers are handwriting notes?	
9. Do you conduct staff meetings? Frequency? Discussion topics?	<p>Check all that apply</p> <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Workflow</p> <p><input type="checkbox"/> Patient satisfaction issues</p> <p><input type="checkbox"/> Revised procedures</p> <p><input type="checkbox"/> Management of chronic disease</p> </div> <div> <p><input type="checkbox"/> Interesting medical cases</p> <p><input type="checkbox"/> Customer service</p> <p><input type="checkbox"/> Other <input type="text"/></p> </div> </div>
Clinical Outcomes	
1. Rate of Hemoglobin A1c? % < 7?	

2. Rate of LDL in patients with history of diabetes? % < 100?	
3. Rate of adverse drug events?	
4. % of smokers advised to quit?	
5. JCAHO Core Measurements for Ambulatory Care- # currently meeting established benchmarks? # not meeting?	
6. What patient safety issues are currently measured and reported on?	
7. % patients considered "high utilizes"? Are these patients case managed? How?	
8. Are standing orders utilized by any providers? How are they standardized and updated?	
9. % of patients hospitalized/ month? Year?	
<i>Clinic Work Flow and Work Volumes</i>	
1. What is the average percentage of patients seen without the medical chart each day?	

2. How much of the administrative staff's daily work is spent on inefficient tasks? How much of the clinical staff's daily work is spent on inefficient tasks?	
3. Average number of inbound calls from patients per day? What percentage requires a chart pull?	
4. Average number of outbound calls to patients per day by providers? nursing staff? What percentage requires a chart pull?	
5. Compliance with defined health maintenance initiatives? (define patient population as denominator- run ad hoc report or clarity report)	
6. Please check the workflow issues that cause the greatest problems in your office: (check all that apply)	<div> <input type="checkbox"/> Having medical records unavailable <input type="checkbox"/> Chart chasing </div> <div> <input type="checkbox"/> Unable to stay on office schedule <input type="checkbox"/> Phone & fax processing </div> <div> <input type="checkbox"/> Poor legibility of medical records <input type="checkbox"/> Results (e.g. lab) tracking </div> <div> <input type="checkbox"/> Patients unable to access provider when they want or need <input type="checkbox"/> Patient satisfaction </div> <div> <input type="checkbox"/> Patient waits <input type="checkbox"/> Medication refills </div> <div> <input type="checkbox"/> Inefficient use of resources <input type="checkbox"/> Timely referrals </div> <div> <input type="checkbox"/> Other _____ </div>
7. What workflow solutions have you implemented or considered? Check all that apply	<div> <input type="checkbox"/> Hired a practice management consultant <input type="checkbox"/> Outsource billing </div> <div> <input type="checkbox"/> Hired additional clinicians (e.g. NP, PA) <input type="checkbox"/> Changed workflow </div> <div> <input type="checkbox"/> Reorganized supplies in exam room/office <input type="checkbox"/> Automated phone service </div> <div> <input type="checkbox"/> Implemented patient tracking system </div> <div> <input type="checkbox"/> Changed staffing to address phone triage </div> <div> <input type="checkbox"/> Other _added additional support staff_____ </div>

Ancillary Services and Systems: Pharmacy, Radiology, Laboratory Services, Practice Management

1. Average number of laboratory orders per day?	
2. Do you use an electronic laboratory system? If yes, what system?	
3. Thinking about how your practice receives lab reports, estimate what percentage is received by each of the following methods.	<input type="text"/> Electronic <input type="text"/> Hard copies <input type="text"/> Fax <input type="text"/> Other <input type="text"/>
4. On average, about how many calls each week do you or your staff make to the lab about lab reports?	<input type="text"/> None <input type="text"/> 5 – 10 <input type="text"/> Less than 5 <input type="text"/> greater than 10
5. Do you use an electronic radiology system? If yes, what system?	
6. Average number of radiology orders per day?	
7. Do you use an electronic pharmacy system? If yes, what system?	
8. Average number of new (non-refill) prescriptions per day?	<input type="text"/> None <input type="text"/> 30 – 39 <input type="text"/> Less than 10 <input type="text"/> 40 – 49 <input type="text"/> 10 – 19 <input type="text"/> 50 – 59 <input type="text"/> 20 – 29 <input type="text"/> Greater than 59

9. Average number of prescription refills and renewals per day?	<input type="checkbox"/> None <input type="checkbox"/> Less than 10 <input type="checkbox"/> 10 – 19 <input type="checkbox"/> 20 – 29 <input type="checkbox"/> 30 – 39 <input type="checkbox"/> 40 – 49 <input type="checkbox"/> 50 – 59 <input type="checkbox"/> Greater than 59
10. On average how many prescriptions per day do you have to rewrite?	20%
11. On average, please estimate the number of follow-up calls or faxes your practice receives each week for prescription issues?	<input type="checkbox"/> None <input type="checkbox"/> Less than 10 <input type="checkbox"/> 10 – 19 <input type="checkbox"/> 20 – 29 <input type="checkbox"/> 30 – 39 <input type="checkbox"/> 40 – 49 <input type="checkbox"/> 50 – 59 <input type="checkbox"/> Greater than 59
12. To what extent are any of the above order and/or results automated through an interface?	
13. What is your biggest challenge with pharmacy services? Laboratory services? Radiology services?	
14. Does your practice use an electronic registration, scheduling and/or billing system? If yes, which systems?	
15. If you do not have an electronic billing system, what is your current method of billing? What is your average claims turnaround time from submission to payment?	
Medical Records and Chart Pulls	
1. What is the average amount of time it takes to pull a chart? Costs of paper chart handling?	

2. Who pulls the chart most frequently?	
3. What is the process for locating a lost or misplaced chart?	
4. Average number of incoming calls per day requiring a chart pull?	
5. Do you employ or contract for transcription services? Dictation Turnaround? Number of transcriptions per provider? Transcription costs?	
6. Rate of patients seen without a chart?	
7. Rate of incomplete or inaccurate patient medical records?	
8. Lost charges rate for inaccurate or missed procedures?	
9. Rate of duplicate tests (as compared to all tests)?	
Referrals	
1. On average, how many referrals/ provider are generated/ week? % to a specialist?	

2. How does the referral process work in your clinic?	
3. What types of manual referral logs, if any, are maintained by the clinic?	
Reports	
1. Do you currently create reports or use a registry method to manage patients with similar conditions? If yes, what do you do with the data?	
2. What are the key clinical reports that your providers use to help them manage their practice? How are they currently generated?	
3. What reports would you like to see generated from the EMR?	
Business Plans	
1. Are there any plans for significant change with the clinic in the next few years (e.g., growth, new providers or specialty, anyone retiring soon, new affiliations, moves)	

2. Is there any other information you feel the OCHIN team should know about your clinic operation to help inform the EMR planning, implementation and optimization process?	
General Information	
1. What are your major goals for implementing EpicCare? (ROI? Improving patient care? Competitive edge? Complying with regulatory bodies? Etc.)	
2. What is the general decision making structure in your organization?	
3. Are there time constraints on when your rollout needs to be complete?	
4. Are the problem lists, medication lists, immunizations, allergies, etc in the chart reliable so that they can be easily abstracted into EpicCare?	
5. Approximately how many outside documents do you receive daily that are filed into the paper chart?	
6. Do you utilize open access for scheduling patients? How far in advance do you schedule appointments?	



EMR Benchmark Data Points

EMR SITE READINESS ASSESSEMENT: CLINIC OVERVIEW AND DEMOGRAPHICS

Completed By: _____ Title: _____ Phone: _____

Clinic Name: _____ Clinic Address: _____ Clinic Phone Number: _____ Clinic Fax Number: _____ Date of Completion: ____/____/____ <p style="text-align: center;">PRE EMR</p>		Date of Completion: ____/____/____ <p style="text-align: center;">6 MONTHS POST EMR</p>	Date of Completion: ____/____/____ <p style="text-align: center;">12 MONTHS POST EMR</p>
1. What is your average number of patient visits per day?			
2. What is your provider FTE count?			
3. What percentage of your providers are dictating notes?			
4. What is the rate of Hemoglobin A1c in patients diagnosed with DM? % < 7?			



	PRE EMR	6 MONTHS POST EMR	12 MONTHS POST EMR
5. What is the rate of duplicate tests ordered (as compared to all tests)?			
6. What is the average length of time your providers take to close encounters?			
7. What is the average percentage of patients seen without the medical chart each day?			
8. What is your average chart pull time?			
9. What is your average turnaround time from receipt of chart request to delivery to provider?			
10. What is your average number of inbound calls from patients, pharmacists, consulting providers, etc. each day? What percentage requires a chart pull?			



11. What is your average number of outbound calls from patients, pharmacists, consulting providers, etc. each day? What percentage requires a chart pull?			
	PRE EMR	6 MONTHS POST EMR	12 MONTHS POST EMR
12. What is your average turnaround time on refill requests, from the time a request is received by phone or FAX to the time an approved refill is phoned/FAXed/delivered to the patient or pharmacy?			
13. What is your average patient cycle time from check-in to check-out?			
14. For your JCAHO Core Measurements for Ambulatory Care, how many are currently meeting established benchmarks? How many are not meeting benchmarks?			



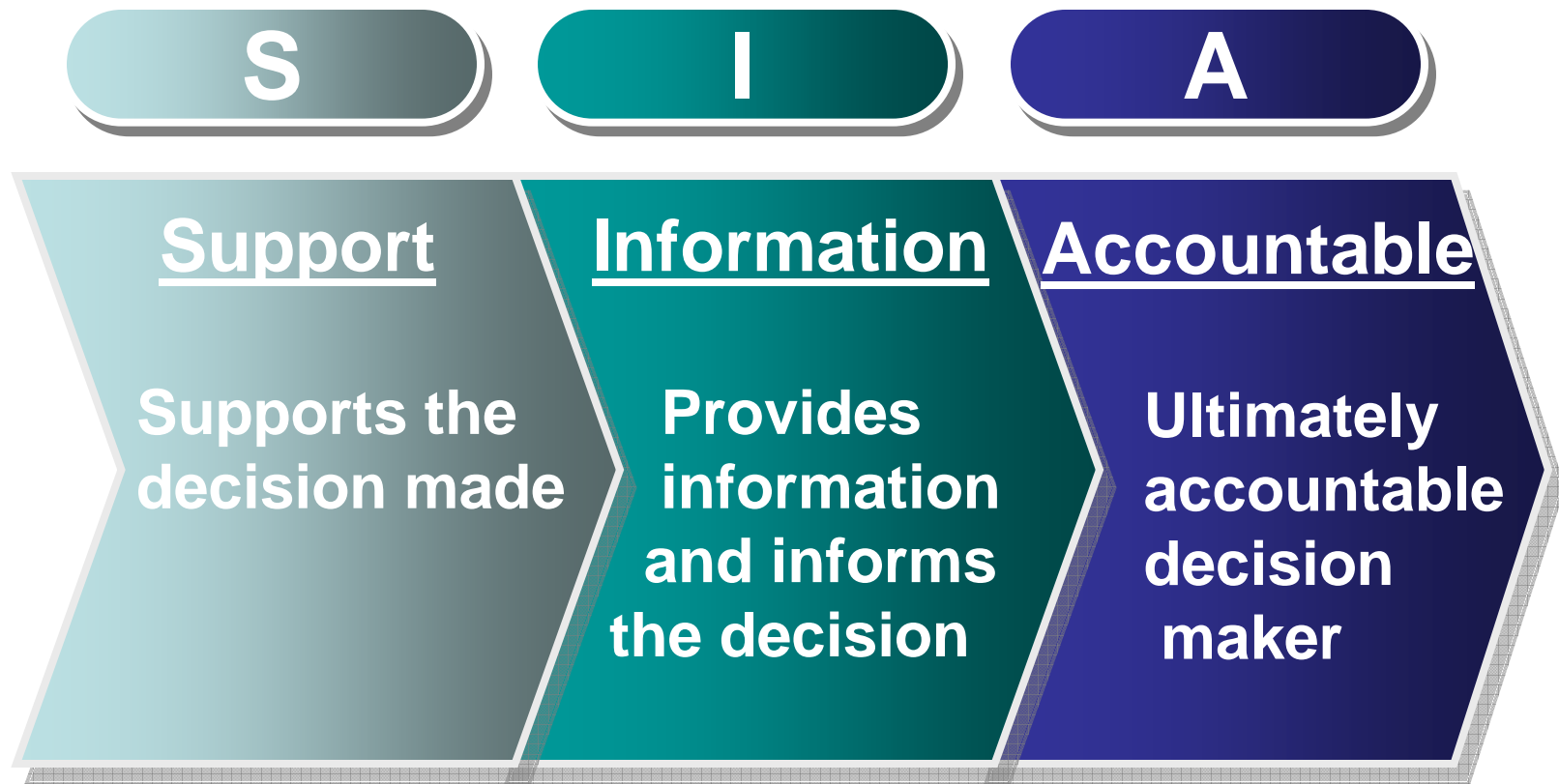


Electronic Medical Records
Core Clinical Design Team

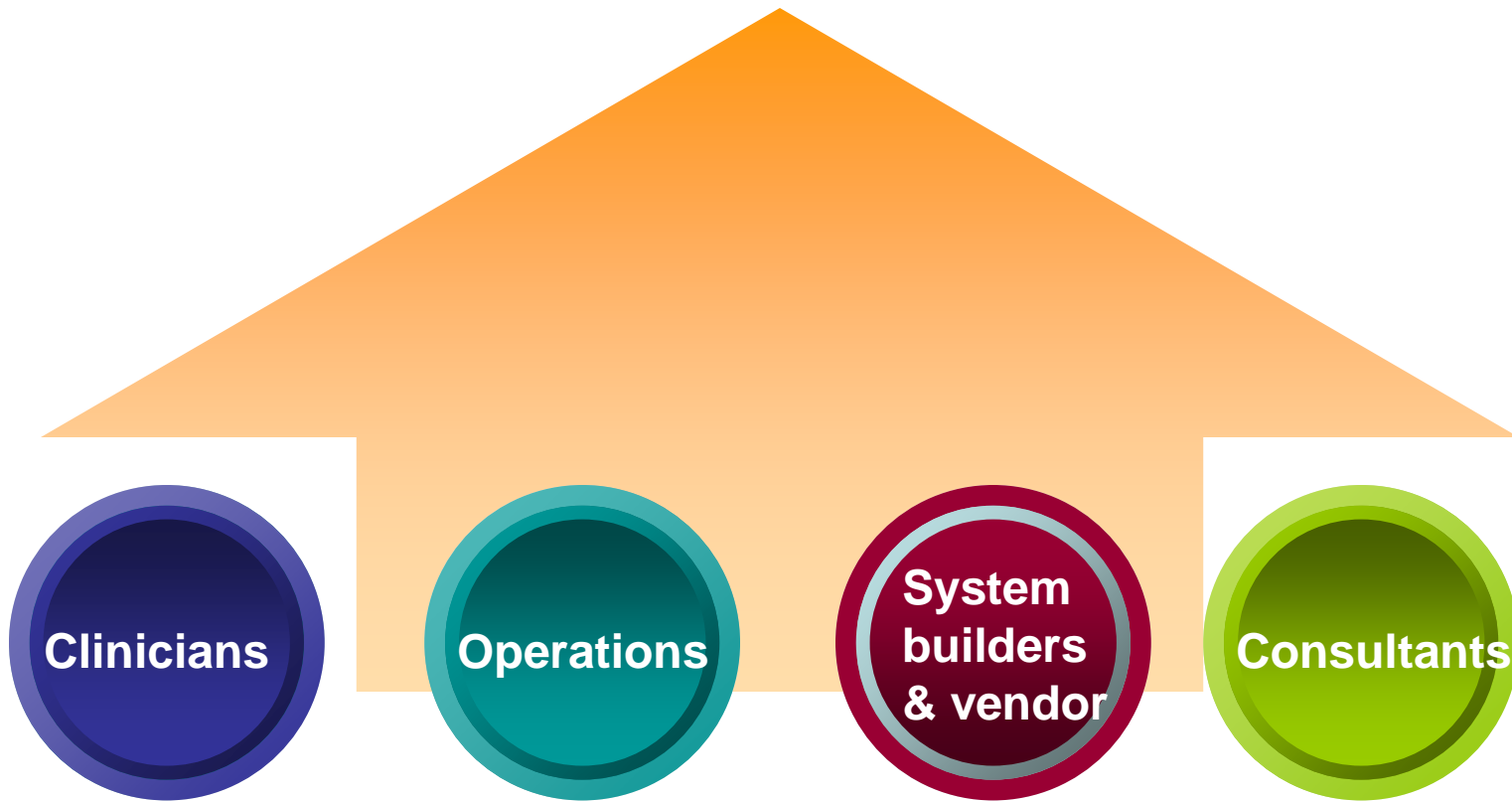
Homework Assignments

Topic		Required Information and Action	Date Due

EMR Design Decision Roles



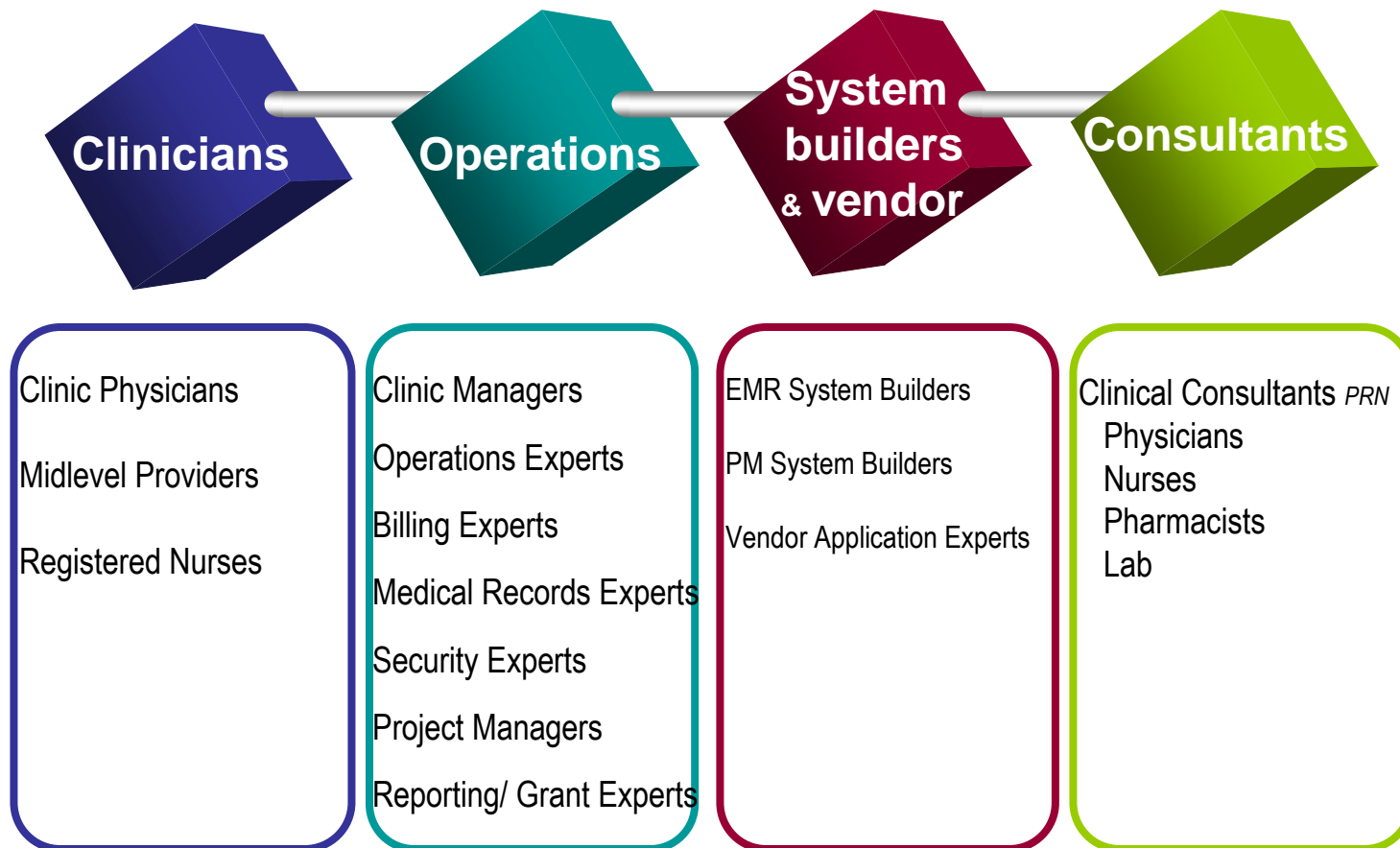
EMR Design-Build-Validate Decisions



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Core Clinical Design Team Role Delineation





EMR BETA SITE IMPLEMENTATION SUCCESS

What are Our Targets for Success?

IT WILL BE A SUCCESSFUL IMPLEMENTATION IF:

- ☐ All clinicians and support staff complete training prior to Go Live.
- ☐ Staff are well trained based on clinical workflows:
 - 3 month- basic/beginning proficiency testing & satisfaction survey
 - 6 month- intermediate proficiency testing & satisfaction survey
 - one year- enhanced proficiency testing & satisfaction survey
- ☐ Patients are informed and comfortable with EMR in exam room.
 - posted clinic patient-centric communications
 - less than 5% EMR specific patient generated complaints regarding exam room computing (after 3 months live at beta site)
- ☐ Comprehensive communication plan developed to include all staff, patients, and other external entities that might need to know.
- ☐ Providers are only ordering & charting in EMR (not in paper charts) at go-live and beyond. (Exception will be state labs. i.e. Chlamydia test with triplicate form).
- ☐ Charting Tools Team starter set includes >30 charting tools based on the most common diagnoses, with an ongoing plan to increase the number.
- ☐ Site Specialist is hired, trained and able to provide on site clinical support by first go-live.
- ☐ Providers receive:
 - computer basic skills assessment needs identified & training delivered before go-live and ongoing
 - refresher coding training needs identified & training delivered before go-live and ongoing
 - exam room computing training delivered between month 3 & 4 after go live
- ☐ Current practice management reports continue to be accessible and Priority EMR reports required for workflows are ready at Go Live (i.e. lab tracking).
- ☐ Business metrics are measured prior to go live for baseline to be able to do comparison measures post go live:
 - number of smoking patients who received tobacco cessation counseling
 - number of diabetic patients who have had a bi-annual HbA1c
 - number of clinicians & staff live on EMR
 - number of closed office visit encounters



- transcription costs
- claim review work queue

- ☐ Clinical Outcome reports as determined by CCDT are ready at Go Live.
- ☐ Provider schedules are reduced to accommodate a learning curve on the system. (2 weeks at 50%, 2 weeks at 75%, 1 month at 90%)
- ☐ Provider template reflects schedule reduction.
- ☐ Labs are ordered in EMR, go through Lab interface and results are returned through EMR.
- ☐ Printing and Scanning equipment functions as expected, testing is completed prior to dress rehearsal.
- ☐ EMR supports clinical and patient workflow from Day 1.

ALTHOUGH NOT OPTIMUM, IT WILL BE AN OK IMPLEMENTATION IF:

- ☐ Charting Tools Team starter set includes 25-30 charting tools based on the most common diagnoses, with an ongoing plan to increase the number.
- ☐ Clinical Outcome reports as determined by CCDT are ready by January 2006.
- ☐ Charges are sent through billing system and claims sent out accurately.
- ☐ Indexing is available 60-90 days out.
- ☐ 75% of support staff complete training prior to go live.
- ☐ If communication plan is not adequate (doesn't encompass entire department, patients and vendors).

WE SHOULD NOT GO LIVE IF:

- ☐ Patient and clinical flow cannot be carried out from Day 1.
- ☐ The first lab interface is not able to send orders out of EMR and bring results back in to EMR.
- ☐ Less than 90% of clinic providers do not complete training prior to Go Live. (Providers will need to finish training before they can see patients once live on EMR)



- ☐ The charges being dropped through EMR don't pass through to billing and go out on claims.
- ☐ No charting tools are developed.
- ☐ Providers cannot access needed information to make patient care decisions at Day 1.



Accountabilities of “Sponsor”

- Provide clear direction to committee members, clarifying scope of effort, expected outcomes, reinforcing accountabilities, etc.
- Set specific goals, measures and timelines.
- Support committee in securing appropriate resources, providing direction on issues that may arise related to priorities, boundaries, etc.
- Take time to celebrate.
- Carry out the roles and responsibilities of being a sponsor as described in “*AIM: Accelerating Implementation Methodology*”.
 - ✓ Sponsors: Authorize, legitimize and demonstrate ownership for the change: possess sufficient organizational power and/or influence to either initiate resource commitment or reinforce the change at the local level.
 - ✓ Overall Goal: The right Sponsors doing the right things cascaded down and across the organization.
 - ✓ “Black Holes” of sponsorship are formed when commitment or compliance (communication and reinforcement) is not obtained at each level between sponsor and the employees undergoing change. Cascading sponsorship must occur at each level between the Authorizing Sponsors and the employees undergoing change.
 - ✓ Required Sponsorship Activities (*Tasks that cannot be delegated*):
 - Establish and communicate the business case for action.
 - Establish and communicate the overarching goal / vision of what is trying to be accomplished.
 - Focus energies on their direct reports to start/continue cascading sponsorship.
 - Participate in goal setting.
 - Monitor Progress.
 - Allocate Resources.
 - Align the reward and recognition systems where possible.
 - ✓ What you see with good sponsorship
 - The Authorizing Sponsor’s definition of the change and its outcome is the same as what you see operationalized by each Reinforcing Sponsor.
 - Demonstrated communication and reinforcement activities are consistent with expressed commitment.
 - Consistency between sponsors’ “walk” and “talk”.
 - Frequent review and monitoring of implementation outcome measures.
 - Frequent and regular communication from sponsor to teams and employees undergoing change.